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TO

MEDICAL EXAMINERS

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THE MANHATTAN LIFE INSURANCE COMPANY OF NEW YORK

HENRY B. STOKES, - - President

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Payment of Medical Examiners' Fees.

Medical Examiners are paid monthly from Home Office. The books are closed on the 15th of each month for the purpose of drawing warrants which are forwarded direct to the Examiner about ten days later. The fees for examinations received between the 15th and date of forwarding warrants necessarily go over to following month.

The agent is not permitted under any circumstances to pay the Examiner.

It is not necessary to send a bill for examinations.

Wm. C. Frazee

Secretary.

Index

	PARAGRAPH
Abdomen, Measurement of	59, 60, 64
Abortion	93
Accidents, Particulars of	24
Accuracy of Measurements	65
" " Record	35
Age of Applicant	27
Albumin	70 to 75
Answers to Questions on Blanks	10, 19, 23, 24, 35, 89
Appendicitis	48
Appointment Vacated by Removal	3
Auscultation	58
Blood, Spitting or Coughing of	39
Cause of Deaths in Family	19
Centrifuge	81
Change of Address or Removal	3
" " Residence for Health	13
Chest Expansion	62, 63
" Measurements of	59, 62, 63
Climacteric	90
Confidential Communications	7, 83
Consumption	22, 40
Corrections	11
Deformity	34
Dyspepsia	88
Esbach's Test for Albumin	74
Examine in Private	5, 49
Exercise	27
Extras and Extra Fees	84, 85
Family History	19 to 22
Fee for Preliminary Examination	9
Fehling's Test for Sugar	68
Female Applicants and Information Desired	90 to 94
" Blank	91

PARAGRAPH

Ferrocyanide Test for Albumin 73
Gout 38
Half Brothers and Sisters 20
Health Certificates 95
Height and Weight 51, 55, 56
Heller's Test for Albumin 72
Hydrocele 45
Identity of Applicant 25, 26
Indigestion 88
Information Acquired is Private 2
Intoxicants, Use of 28, 29, 30
Kinship of Examiner to Applicant . . . 17
Latest Blanks to be Used 10
Law Suit for Injury 47
Local Examiners to be Employed . . . 4
" Sanitary Conditions 16
Malformation 34
Menstruation 90
Microscopical Examinations . . . 67, 80, 81, 82
Narcotics, Use of 32
Not Insurable 8, 31, 86, 87
Occupation 14
Opium, Use of 32
Overweight 53, 54
Particulars of Each Disease 23
Pensioners 46
Percussion 58
Personal History . . . . . 23 to 48
" Impressions 50
Physical Examination . . . . . 49 to 65
Pregnancy 90
Previously Declined 12
Privileged Communications Waived . . 41
Pulse 57, 99
Reagents, Fresh 78

PARAGRAPH

Re-examination 98
Residence, Change of 3, 13, 15
Respiration 57
Review 11
Rheumatism 38
Rupture 43
Secondary Examinations 97
Sodium Chloride Test for Albumin . . . 71
Specific Gravity of Urine 76, 77
Sugar in Urine 68, 69
Syphilis 36, 37
Table of Standard Measurements, Height and Weight 55
Tests for Albumin, Esbach's 74
Ferrocyanide . . . 73
Heat and Nitric Acid . 70
Heller's 72
Sodium Chloride . . 71
Test for Sugar, Fehling's 68
Tobacco, Use of and Effect 33
Traveling for Health 13
Uniformity in Measuring 65
Underweight 52
Urinary Examination . . . . . 66 to 82
Urine, Authenticated 66
Urinometers 76
Use of the Tape 61
Vaccination 42
Varicocele 44
Weight . . . . . 51 to 56

Instructions to Medical Examiners.

In order that there may be uniformity and completeness in the practice of examining applicants for insurance in the MANHATTAN LIFE INSURANCE COMPANY of New York, the following brief instructions are presented with the hope of effecting the desired result:

1. It is not necessary to enter into a long discussion respecting the relation which the applicant bears to the examiner, and vice versa. This is well understood by every well educated physician. It is sufficient to remind him that he is appointed and employed by the Company and not by the agent; that he receives his compensation from the Company, and that all information, confidential or otherwise obtained in the course of the examination, is for the benefit of the Company and for its use. Such information should be forwarded to the Company at once, whether the applicant is accepted or rejected.

2. **Information acquired is private.** The Medical Examiner must under no circumstances mention to agents or examiners of other companies the names or conditions of parties he has examined, unless with the written permission of this Company.

3. **Change of address or removal.** The removal of the examiner to another town vacates his appointment. He should notify the Company of any change of address.

4. **Local examiners to be employed.** An applicant must be examined in the place where he resides or does business, and by an examiner regularly appointed and accredited to such place. Any variation from this rule must be explained to the Home Office by the examiner. When the Medical Examiner is himself the applicant, he must be examined by another Medical Examiner regularly appointed in the same or in a neighboring place.

5. **Examinations must be in private.** The examiner must always insist upon privacy during examination, since it is well known to every medical practitioner that the presence of a third party often prevents full, complete, and frank answers. The examination should always be made where perfect quiet can be obtained, and should not be made with undue haste.

6. **Particulars of all uranalyses.** The examiner should report the dates and results of all examinations of urine made in a given case.

7. **Confidential communications.** If it is necessary, in the opinion of the examiner, to withhold from the applicant or agent the fact that the applicant has not been recommended on the examination, such information must be for-

warded to the Company direct. All communications of this character, as between the examiner and the Company, will be held as strictly confidential in every respect.

8. **Not insurable.** Examiners should decline to examine persons of known intemperate or immoral habits, or of notoriously bad reputations in any respect, or persons who have been treated in institutions, or otherwise, for the alcoholic or narcotic habit within a period of five years; but when compelled to do so by local causes or interests they must immediately send a confidential communication to the Home Office, giving the reasons for making such examinations, with full particulars. (See also §86, 87.)

9. **Preliminary examinations.** If an agent asks an examiner to run over a case preliminarily, or if a proposed applicant is known to have a disability, the examiner will please forward information confidentially and direct to the Home Office, covering the undesirable points, together with the name, date of birth, residence and occupation of the person, in order that it may be recorded at the Home Office for future use. This information will be paid for at the rate of the examiner's usual office fee for a patient, not exceeding $2.00.

Such cases will be treated as indefinitely postponed applicants.

10. **Use latest blanks.** The blanks to be used in examination should be, as far as possible, the latest issued by the Company; and in filling them out, every question should be answered, where possible, categorically, "Yes" or "No". Ditto marks should not be used. They are confusing, and often convey no information whatever.

11. **Review—Corrections.** After the examination has been completed, it is requested that the examiner shall review the same carefully, supplying any omissions and noticing any corrections necessary before forwarding his report. He should attest any alterations or or emendations by his initials. This is important in order that delays and a possible loss of the case may be prevented. This should be done before the applicant signs the warranty.

Following the blank furnished by the Company, we desire to give the examiner a few specific instructions in regard to several questions asked.

12. **Previously declined.** "Has the party ever been declined by another Company, and for what reason?" Examiners should always ask this specific question. They are not to examine an applicant who to their knowledge has been declined by any company, without the written consent of this Company. It often happens that in the consideration of such cases it will

be necessary for the Company to refer them back to the examiner and request a re-examination in the light of facts elicited from previous examinations. This of course will not be intended as a reflection upon the examiner's ability or integrity, but will be done in order that the truth may be ascertained and a possibly bad risk avoided.

The Company often finds it necessary to decline risks recommended by the examiner, not because there is lack of confidence in the examiner, but because the rules of the Company require such action to be taken.

13. **Traveling or change of residence for health.** "How long have you resided in the state?" It often happens that an applicant has recently removed from another part of the country, in order, not only to improve his business, but his health, as well as to avoid an examination by an examiner who has already acted unfavorably upon his case. He has found that his health was not good in his former place of residence, and he has come to his new abode possibly by the advice of a physician. The facts of the case should in every instance be investigated, and a full report presented to the Company at the time of the examination. Be specific also in stating the length of time of residence and whether he is acclimated.

14. **The occupation** of the party should be fully explained and general terms should not be used. The occupation of "merchant" may be differently interpreted by different people in various parts of the country, and may not only include his legitimate business, but may be used to cover an illegitimate occupation or a highly objectionable or hazardous one. For instance, the ordinary country merchant oftentimes sells powder, and frequently has in connection with his store a bar for the retailing of liquors. The occupation of the applicant, therefore, should be fully inquired into, and any objectionable feature should be reported. In case of a clerk, salesman or employe of any kind, state the character of business of his firm or employer, and the duties of the applicant in connection therewith.

15. **The residence of the applicant** includes not only his home, but also the location of the house and the territory in which his home is situated. In this view, is his home situated in a healthy location? That is, are there any malarial or other deleterious influences at work which will affect his good health and longevity?

16. **General local sanitary conditions.** In this connection, we will merely mention that the examiner should, as far as possible, give the Company the benefit of whatever knowledge he may possess regarding the sanitary conditions of that part of the country at large in which he

may reside, as well as the characteristic and particular classes of disease peculiar to it. Such information will be gratefully received and acknowledged by the Company.

17. **The kinship of the examiner** to the applicant is an important element in the examination. It is only necessary to state that a near relative of the applicant should not examine him. The examiner should be perfectly free to give an unbiased opinion in regard to the applicant, and he should have no pecuniary interest whatever in the transaction.

18. The examination of the applicant naturally divides itself into three parts:

First. His family history;

Second. His personal history, and

Third. His physical condition.

We propose to carefully consider these three points, making such comments upon them as seem necessary.

FAMILY HISTORY.

19. **In recording the causes of death,** vague and unmeaning terms should not be used, such as "General debility", "Childbirth", "Exposure", "Female diseases", "Complication of diseases", and the like.

20. **Half brothers and sisters** must always be included in the family record and such relationship stated. When it is impossible for the applicant to give the specific information required, a suitable explanation must be made.

21. **The personal and family history** should always be followed up by the examiner, and all necessary explanations elicited from the applicant.

22. **Consumption in family.** If in the family history it transpires that a death has occurred within two years prior to examination, from tubercular disease, ascertain whether the applicant had been living with that member of the family so as to have become infected. If husband, wife or any of the children have died from consumption, or are not in good health, give particulars.

PERSONAL HISTORY.

23. **Particulars as to each disease.** If the applicant has ever had any disease, it is not sufficient to say "Yes". State the cause when necessary, duration, intensity, and resulting effects of the disease, if any, and the present condition of the applicant.

24. **If he has met with an accident,** state full particulars. If he has lost a limb, state how it occurred, the exact location of the amputation and the effect of the loss upon the health of the individual, and his ability to provide for his sustenance, or escape from danger; that is, whether he wears a well-fitting artificial limb, uses a crutch or other proper appliance. If he is blind or deaf, let us know the facts; if one eye has been lost, state the condition of the other, and whether there is a probability of the

loss of the remaining eye; if there is history of ear disease, state the character, date of attack and present conditions of the organ. If the disease is active, or if any disease is active for that matter, the applicant is not insurable. A sufficient length of time must elapse to show that he has returned to a condition of health in all cases where the sickness is curable.

25. **Identification of applicant.** Of course it is necessary to be sure of the identity of the applicant. With this view observe handwriting, or other methods of satisfying yourself must be resorted to. If the handwriting has a shaky appearance look for the cause, especially whether it is due to some nervous condition not otherwise manifested. The record as to the color of the hair, and eyes, as well as any physical marks, must be carefully noted for future reference. Experience, however, has demonstrated that, as permanent signs of identification, the color of the hair and eyes is not to be relied upon. If the insured lives long enough age will change the color of the hair, and it may undergo rapid change. The color of the eyes may be, and sometimes is, changed by disease, or the examiner himself may incorrectly record it, through carelessness or color blindness. Physical marks, such as crooked fingers, moles, scars, tattoo devices, etc., are more reliable and should always be looked for.

26. **The name, age, social condition,** nationality, color, are all important, and call for exactitude of record.

27. **Apparent age—Exercise.** The examiner should observe whether the age of the applicant corresponds with his appearance, and ascertain whether he exercises sufficiently to preserve his health.

28. **The habits** of the applicant having an immense influence upon his health, and consequently his longevity, should receive close attention and inquiry. Hence the Company has incorporated in the blank a series of questions with the view of getting exact information. It is expected that the examiner will assist us in elucidating this information. Strange to say, it is sometimes very difficult for them to draw from the applicant the truth, either from a desire on the part of the applicant to overstate facts, or to conceal them. At any rate, if an applicant uses liquors of any kind to excess, spirits, wines or fermented beverages, he is liable to accident or to become the victim of disease, and hence his life will be shortened. Such lives are not desirable.

29. **Use of intoxicants.** It has been said that a daily use of liquors equal to a given amount of absolute alcohol may be allowable; but it is evident that no unvarying rule can be established. Some individuals can consume more,

without apparent harm, less will affect others. We propose to consider each case upon its merits, with the understanding that we do not desire applicants who use alcohol, in any form, to excess.

30. **Before breakfast.** If an applicant is an habitual user of ardent spirits it is most important to ascertain what he drinks before breakfast.

31. **Barkeepers or keepers of saloons** are not good risks. While they may not use their own goods to excess, there is always a temptation, often irresistible, for business reasons, so to do. Again the barroom or liquor salesroom is the scene of frequent brawls, in which the life of the barkeeper or proprietor is often sacrificed in any attempt to maintain order.

32. **The opium or narcotic habitue** is undesirable. These vices are often carried on secretly, and the examiner should be on his guard to discover the characteristic symptoms, as the contracted pupil in opium poisoning, etc.

33. **Tobacco,** if used to an inordinate degree, has an unfavorable effect upon the nervous system and the heart. The drug seldom leaves an organic trace, but the functional effects are often very evident while they are present. This refers to tobacco in any form including cigarettes, which often contain opium. The applicant should be postponed, especially if there is so-called "tobacco heart," or if the nervous system has been unduly impressed.

34. **Applicants with a bodily malformation or deformity** may not necessarily be debarred from insurance, and yet on the other hand, such malformation or deformity may be so conspicuous as to be a bad advertisement for the Company; or again, it may indicate a constitutional condition which renders the applicant undesirable, and which may not manifest itself in any other way. Such conditions should be closely examined and the facts reported.

35. **An accurate record.** It will not be necessary for us to discuss each individual disease mentioned in the application. It is hoped and expected, however, that the examiner will assist the applicant, as before remarked, in his efforts to give a clear and truthful record of his past and present condition, so far as he knows them.

36. **The question of syphilis** has received much discussion within recent years. Whether a syphilitic can or cannot with safety be insured is still undetermined. We prefer not to lay down any invariable rule, but will consider on its merits each case as presented. We, however, do not care to consider an applicant who has had syphilis until a sufficient time has elapsed after he has been cured, and will not, under any circumstances, accept an applicant who is the subject of either tertiary or inherited syphilis.

37. **Syphilis.** When an applicant who has had syphilis is presented, we will require a full symptomatic and chronological history of the disease, together with the treatment employed and the name and residence of the attending physician.

38. **If an applicant has had rheumatism or gout,** the character of the attack should be stated; whether inflammatory, articular, muscular, acute, or chronic; how many attacks he has had, how recently, duration, parts affected, and whether there is now or has been, any heart complication. Any case of rheumatism, muscular or otherwise, should be fully investigated.

39. **An applicant who has had spitting or coughing of blood** is looked upon with great suspicion, especially if there is any tubercular history in the family. It is very difficult to determine the exact source of the blood, notwithstanding the positive assurance of the applicant that it came from a tooth, etc. Experience has shown that a great number of such cases die of consumption. They are either not insurable, or a sufficient time should elapse after the occurrence to insure perfect health. In this respect undoubted cases of spitting or coughing of blood should not be presented until ten or more years have passed since the occurrence. In any event, extreme care should be exercised in the examination of the lungs, and any abnormality whatever should be reported.

40. **In suspected cases of consumption in applicant,** secure a specimen of sputum and examine it under microscope when possible.

41. **Applicant waives right of privileged communication.** It should be clearly understood on the part of the applicant that he waives all rights to secrecy of information.

42. **Vaccination.** The Company prefers to have those who have not been vaccinated duly protected by vaccination.

43. **The ruptured** must wear a suitable truss before they can be accepted. State the variety of the rupture, and whether it is double or single. Irreducible hernia will not be accepted.

44. **Varicocele.** When the party is the subject of varicocele, state whether he wears a proper suspensory bandage.

45. **Cases of hydrocele** will not be accepted until radically cured.

46. **In case of a pensioner,** a full description must be furnished of the disability.

47. **Law suit for injury.** If party has ever brought suit for damages for physicial injury, ascertain if possible the legal complaint and result of the trial.

48. **When applicant has had appendicitis,** full particulars should be given stating number and severity of attacks, time since last attack, and whether an operation has been performed. This Company will not accept applicants who have had appendicitis within three years pre-

ceding the date of application unless an operation shall have been performed, in which case six months must have elapsed.

THE PHYSICAL EXAMINATION.

49. **This should be made in private.** Especially should the agent not be allowed to be present, as he is an interested party and very often embarrasses the examiner and interferes with the operations of the examination.

50. **Personal impression.** Be particular to record the impression which the applicant makes upon you, *i. e.*, his figure, physique and general appearance.

51. **The height and weight** should be exactly stated, and the applicant should be measured and weighed at the time of the examination.

In cases bordering upon the extremes of light and heavy weights state the probable weight of the clothing.

52. **Underweight.** If the applicant be below the extreme limit, it will, unless it is a family characteristic, be found that there is a disturbance in nutritition or that it represents an actual diseased condition.

53. **Overweight.** So, also, the heavy weight is abnormal. Look into the family characteristics, the habits of the applicant, his occupation, whether there is a tendency to obesity.

In a word, look for the cause of excessive deviation from the normal and report it.

54. **If the applicant is overweight,** state whether the same is due to muscular or adipose tissue, or to large bones, and whether it is evenly distributed, and at the same time make the various measurements as indicated in the following schedule:

A. Measurement of the neck?

B. Measurement from first cervical vertebra to last lumbar vertebra?

C. Measurement of upper part of trunk, outside of shoulders?

D. Measurement of circumference of arm, midway between elbow and shoulder?

E. Measurement of circumference of body, around the hips?

F. Measurement of circumference of thigh, midway between hip and knee?

G. Measurement of circumference of calf, midway between knee and ankle?

H. Length of leg, from hip to ankle?

I. Does he take plenty of outdoor exercise, or is he of sedentary habit?

K. Conditions of muscular system?

L. What was his weight at twenty, twenty-five and thirty years of age?

M. Has his weight materially increased or decreased during last ten years?

N. Is this excessive weight a family characteristic?

If there has been recent loss or gain in weight, the cause must be ascertained and reported.

55. For the convenience of examiners the Table of Standard Measurements used at the Home Office is incorporated in these instructions as follows:

STANDARD MEASUREMENTS.

From 25 to 60 years of age.

Ft.	Ins.	Weight	20% Under	45% Over
4	9	100	80	146
4	10	105	84	153
4	11	110	88	160
5	0	115	92	167
5	1	120	96	174
5	2	125	100	181½
5	3	130	104	188½
5	4	135	108	195
5	5	140	112	203
5	6	143	114	207
5	7	145	116	210
5	8	148	119⅓	215
5	9	155	124	224½
5	10	160	128	232
5	11	165	132	239
6	0	170	136	246
6	1	175	140	254
6	2	180	144	262
6	3	185	148	270
6	4	190	152	278

56. **The height and weight** here given represent the healthy individual in the best part of his life, say from age 25 to 60, as it is evident that it would not be fair to judge the weight of

a very young applicant before he had attained his normal or usual weight, or of the old who have begun to lose weight, by the same standard as we judge the healthy man in the prime of life. Women also are not to be judged according to the standard of men, as during young ages they are lighter in proportion to their height, and in later life they are often heavier.

57. **The pulse and number of respirations** should be taken at the beginning of the examination, as well as at the end. (See suggestion as to character of pulse, etc., § 99).

58. **Auscultation and percussion** should be performed with as little clothing intervening as possible.

59. **Measurements of chest and abdomen** should be made next the skin or at most with only a thin garment intervening. Measurements of the chest in the male should be made on a level with the nipples, and in case of females just above the mammæ.

60. **The abdominal measurement** should be taken on a level with the umbilicus, and in case of female risks it should be made at the waist. If the abdomen is unduly prominent, state the fact together with the cause.

As a general proposition, the abdomen should not exceed the measurement of the chest at deep inspiration.

61. **Use of the Tape.** It is supposed, of course, that our older and experienced examiners have acquired sufficient skill in the use of the tape measure to enable them to give us a uniformly accurate measurement of the chest and abdomen. For the benefit of the beginner, however, or the recent appointee, and at the same time as a guide to all, we will briefly outline the method of manipulation which we prefer.

62. **Chest expansion.** Having prepared the chest and placed the tape measure as suggested, draw it gently but firmly around the thorax at rest, without stretching it, until it fits snugly at every part. Pull the tape a little and let it slack again until you are satisfied that the measurement is accurate; then note the figure indicated.

Now let the applicant slowly expel all the air from the lungs which he can comfortably throw out; take the measurement as before and note the figures.

Again cause the applicant to inflate his lungs, pressing the distal end of the tape upon the chest and permitting the other end to follow the expansive movements of the chest until the lungs have become filled up, without straining, as in deep inspiration; than once more note the number of inches.

63. It often happens that applicants will not or cannot inflate their lungs. They will shrug their shoulders and make various attempts to do so; but the examiner must not be satisfied with this. He must make sure that there is an expansion and a sufficient expansion—two to two and one-half inches or more.

64. **The abdominal measurement** may be similarly taken. Let the tape rest firmly but accurately around the body, pull it taught and let it slacken until the examiner is satisfied that a comfortable tension is secured, then note the figures as before.

65. **A uniformity and accuracy** will be insured by these methods which cannot be otherwise obtained, and will assist the Home Office very materially in coming to a proper conclusion in regard to these matters and in making up future statistics.

URINARY EXAMINATIONS.

66. **The urine should be passed in the presence of the examiner,** or in his immediate vicinity, in order that he may be satisfied that it is not the urine of another, and should be examined chemically soon after voided. Do not examine specimens brought to you in a bottle. When the urine is turbid, the cause of the turbidity should be determined and reported. It is well to filter turbid urine before the chemical analysis.

67. **When a microscopical examination is required,** the urine should be examined in its natural state, due time having intervened after voiding. It should in all cases be examined chemically for albumin and sugar, whether the specific gravity is high or low.

68. **Fehling's test.** The solutions of sulphate of copper and the alkaline tartrates required for Fehling's test should be kept in separate bottles and the test solution for sugar mixed when required, on account of the well-known tendency to rapid deterioration, especially in warm temperatures. This solution should be tested by heat before the addition of the urine.

69. **When sugar is shown** to be present in a given applicant not presenting a clinical history of diabetes, the sources of possible error in the determination should be sought for and more than one test should be used, such as the bismuth salts as well as the copper salts. It sometimes occurs that the fault is in the reagents or in the method of manipulation. Again it may also occur because of a certain drug that may have been used by the applicant, or preservative used in the urine. Tests for sugar should be made from fresh specimens only and before a preservative is used.

70. **Albumin.** The urine should be examined for albumin by both heat and nitric acid.

A more delicate test than heat and nitric acid is as follows:

71. **Sodium chloride test.** Have at hand a solution of sodium chloride (table salt), prepared by saturation and filtering, so that it is perfectly clear. First raise the specific gravity of the urine about 10 or 15 degrees by the addition of a little of the sodium chloride solution. Next fill an ordinary test-tube to about two-thirds with the prepared urine, add 1 to 2 drops of strong acetic acid, and boil the upper inch or so of the urine about half a minute over a spirit lamp. Examine in a good light, and if albumin be present it will appear in the upper boiled portion of the urine as a more or less pronounced milk-like turbidity, according to the quantity present, the lower or unboiled portion remaining perfectly clear, in strong contrast.

72. **Heller's test**—Of chief value as a negative test. Pour into a test-tube a sufficient quantity of nitric acid (about a drachm). To float the urine upon it, form with filtering paper a small funnel; adjust it to the open mouth of the test-tube, then pour a small quantity of urine in the funnel and allow it to run down the side of the test-tube held slantingly. By this means, the urine is filtered and tested in one operation. If the characteristic white ring appears, the presence of albumin should be confirmed by one of the other tests.

In cases of doubt or re-examination, the ferrocyanic test can be used as follows:

73. **Ferrocyanide test.** Into the bottom of a clean test-tube is poured 15 to 30 drops of acetic acid, then about two or three times that amount of solution of potassium ferrocyanide (1 in 20) is added, and the two thoroughly mingled by shaking the tube. The urine is next added, to the depth of two-thirds of the test-tube. If albumin be present it will be precipitated throughout the whole volume of the urine in the form of a more or less milk-like, flocculent cloud, according to the quantity of albumin present. The ferrocyanic test applied by the above method avoids the mucin reaction, and precipitates all modifications of albumin, acid and alkaline. On the other hand, it gives no reaction with phosphates, urates, peptones, the vegetable alkaloids, or the pine acids. This test may also be applied as follows: Fill an ordinary test-tube half full of urine, and add a drachm or so of potassium-ferrocyanide solution (1 in 20). After thorough mingling of the urine and reagent, add a few drops (10 to 15) of acetic acid, and if albumin be present it will come plainly into view. This is a most trustworthy test, if applied by either of the above methods, and it may be depended upon for the detection of albumin in the urine, either in large or small amounts, without further corrections or precautions. Any precipitate produced by this test, when applied as above, is albumin, and nothing but albumin.

The solution of potassium ferrocyanide should be freshly prepared at the time of using.

74. **Esbach's test.** A further test is recommended—Esbach's, which is prepared by dissolving 10 grammes of picric acid and 20 grammes of citric acid in 900 c.c. of boiling water, and after cooling making up the volume to 1 litre by adding water. (Or ¼ oz. of picric and ½ oz. of citric acid may be dissolved in 25 ozs. of water). Upon the addition of urine, the resulting precipitate, if due to other causes than albumin, can be ascertained by the addition of heat, when the precipitate will be dissolved.

75. **Albumin.** If in any given case a trace only of albumin is found, its cause and continuance should be determined, various tests being used to eliminate any error which may be made by the use of one test. Do not report adversely upon the risk until at least two or more different tests have been made of at least as many specimens of urine. If albumin should disappear, ascertain if it be due to diet, treatment, or any remedial cause.

76. **Urinometers.** In obtaining the specific gravity, a standardized urinometer should be employed, if possible. If it is impossible to obtain such an instrument, the examiner should satisfy himself that his instrument is correct by comparison with one known to be reliable. Urinometers having inside the tube a paper scale (which will occasionally slip from its proper place) may be tested for the zero point by immersing in pure (distilled) water of 60° F. (Baro-

meter 30 inches). The most reliable instruments have the scale marked on a strip of white glass blown into the tube.

77. **Where the specific gravity** of the urine is below 1.015 or above 1.025, the variation should be explained, and when such variation exists below 1.013 or above 1.028, whenever possible, several specimens taken at different hours of the day on alternate days should be examined, to eliminate the possibility of there being renal trouble or sugar.

78. In connection with the chemical analysis of the urine, it is exceedingly important that only fresh reagents should be used.

79. If more than one test has been made, please specify what tests were used.

80. **Microscope.** Where there is a history of recent trouble in any part of the urinary tract, the microscope should be used, if possible. If a stricture has been present, a certificate from the attending surgeon, giving full particulars, should be obtained, or the examiner should satisfy himself that recovery has been complete.

81. We would recommend that when possible, the centrifuge be used for obtaining a precipitation for microscopical examination.

82. On applications for amounts under ten thousand dollars, no microscopical examination of the urine is to be made except when required by the Company.

83. **Confidential reports.** If the examiner cannot unqualifiedly recommend the risk, he should give us his reasons confidentially; and as before stated, if he does not wish to record them on the application blank, he should be careful to forward such communication so that it will reach the office before action can be taken upon the case.

84. **Extras.** The Company will not audit more than one fee for examining the same applicant within thirty days. Neither will extra compensation be allowed for traveling expenses.

85. **Extra fees** will not be allowed when further information concerning a given case is called for, as it is expected that all necessary information will be obtained by the examiner at the time of the examination, and that he will be ready to answer any question relating to the examination when required to do so.

86. **Not insurable. Not to be examined without permission in each case from Home Office.** Those having the following conditions are not insurable in this Company:

The totally blind or totally deaf, the hunchback, or those conspicuously crippled; those who have sustained amputation at the hip, or after any amputation if there remains any unhealed condition of the bone or soft parts; those who have had bleeding of the lungs, the victims of tertiary or hereditary syphilis, those who have

or have had paralysis of centric origin, organic heart disease, cancer, chronic rheumatism or gout, asthma (not hay fever), frequent attacks of any disease; delirium tremens, insanity, epilepsy or apoplexy, vertigo-persistent, emphysema of lungs or of the body, chronic bronchitis, consumption, if this disease has appeared in three members of the family, one of whom shall be a parent, or in both parents; excessive light weight or excessive obesity, or those who are suffering from any organic or chronic disease.

87. **The following occupations exclude:**

Gamblers, barkeepers, hotel proprietors who attend to their own bars; any individual who is engaged in retailing liquors, or who uses intoxicants to excess; bakers, employes on railway trains (except passenger conductors), switchmen (except tower switchmen), car couplers, track laborers; puddlers, men in blast furnaces, powder mills, fireworks factories; those actually engaged in making dynamite or other highly explosive materials; balloonists, ordinary seamen, men operating saws in saw mills, or who actually work around circular saws; divers, submarine workers, men handling electric wires or dynamos and linemen; laborers in mines, well diggers, bleachers and handlers of bleaching materials, workers in drug mills, especially where irritating or narcotic substances are ground; workers in mercurials, as thermometer

workers; professional baseball players, professional athletes or circus performers, and in general those employments are excluded which are extra hazardous in that they are destructive to life or undermine the health of the individual.

88. **Indigestion or Dyspepsia** if of frequent occurrence should receive careful attention in order to eliminate the possibility of alcoholic excesses, or the incipiency of brain, lung, or kidney trouble.

89. **Information concerning any disease,** whether mentioned in the regular blank or not, which may have seriously affected the applicant's constitution or stamina, should be carefully elicted by the examiner.

FEMALE APPLICANTS.

90. The examination of female applicants is often attended with great difficulty, and it is sometimes almost impossible to secure a satisfactory representation of their exact condition. It is on account of this fact, among others, that companies hesitate about accepting them. When female applicants are presented for examination, we request our examiners to exercise the greatest care to ascertain particularly the exact condition, so far as possible, of their reproductive system, in addition to the general facts pertaining to both sexes. Does she menstruate regularly, and are her catamenia in

sufficient quantity? If not, is the difficulty due to some local cause, or is her general condition at fault? Has she any tumors or swellings of any sort? If so, their locality and nature? Is she pregnant? Duration of pregnancy? If yes, she should be postponed until a sufficient time has elapsed after labor to establish her usual good health. Have her labors usually been easy and natural, or have they been difficult? Has instrumental delivery been necessary? If possible, ascertain the cause. Has she passed her climacteric? If yes, was that period accompanied by any unusual symptoms or conditions, either physical or mental? and has her health been re-established? Has she been or is she married, or is she a widow? Please give the date of her marriage.

91. Be sure that the female blank is filled out at the time of the examination in chief.

92. The urine should be examined in all cases, and the examiner must be satisfied that the urine was passed by the applicant.

93. In case of abortion, please state whether it was criminal or otherwise.

94. In short, please give us all points necessary concerning her physical, mental and moral condition, so that, as in case of male applicants, the papers can be acted upon promptly, without the delay necessary to write for further information.

95. **Examinations for Certificates of Health** must be as thoroughly and carefully made as those for original insurance; and the identity of the applicant must be established. The fee is to be paid by the applicant or agent, and must not be charged to the Company. It is advisable that the charge for this service should be arranged in advance to the mutual satisfaction of the examiner and the applicant.

96. We need hardly remind our valued corps of examiners that a spirit of accommodation should prevail as between the examiner and agent. The agent will not, of course, call upon the examiner at hours which are palpably unseasonable or unreasonable, as for instance, very late at night or while the doctor is performing an operation, nor will the agent expect the doctor to leave his office during his regular office hours to make an examination elsewhere. On the other hand, it is expected that the examiner will use every possible effort to further the interests of the agent by adapting his time to the necessities of the case, and by the use of all diligence and promptness.

97. **A secondary examination** may be necessary to clear up doubtful points or temporary ailments, such as obscure, abnormal or irregular heart's action, due possibly to nervousness occasioned by the examination; unsatisfactory urinary examination; colds involving upper air

passages. The Company does not pay for this extra labor, believing that its regular fee for examination should be ample for such occasional extra service.

98. **Re-examination.** Whenever an applicant is examined on a second occasion for a new insurance or a Certificate of Health, the examiner should not make a copy of any part of the former paper, but must in every respect make a new examination, asking each question and writing down the reply, making new measurements and a thorough physical examination.

99. **Abnormal pulse.** It often happens that from exercise or the taking of food or stimulants just previous to the examination, the pulse becomes rapid, unsteady or even intermittent. The use of tobacco, strong coffee, tea, or the loss of a night's rest, will also sometimes accelerate or retard the pulse abnormally. Always postpone such cases for a second examination, when the cause being removed, the circulation may be found normal.

If the irregularity or abnormal rate continues on second examination, note it and leave the decision on the risk to the Home Office.

If there is any deviation from the normal in pulse, let examiner differentiate between health and disease.

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